

Workforce Investment Act Client Forms Handbook

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Workforce Investment Division
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WORKFORCE INVESTMENT ACT CLIENT FORMS HANDBOOK

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Application Form (WIA EWIR)

The Workforce Investment Act (WIA) Application form (EWIR) is used to record basic individual characteristics and to establish eligibility as required by the WIA program. The form usually contains a pre-printed application number, which is used to uniquely identify individuals throughout their WIA cycle.

In addition, equal employment opportunity data must be collected on individuals when any assessment or discretionary decision regarding a specific individual is made. Such assessments or decisions include: Decisions regarding service or program eligibility, either positive or negative; and decisions made on the part of any workforce investment system employee which lead to a targeting of services for the individual.

The numbering of the line items relate to corresponding screens and data element fields in the Job Training Automation (JTA) system. The EWIR is completed by the agency responsible for intake.

The Department of Labor issued Training and Employment Guidance Letter (TEGL) 7-99, dated March 3, 2000, for the purpose of providing technical guidance for entities to implement the core and customer satisfaction performance measures and calculate performance levels required under WIA. The following matrix is from that guidance and is included here to help determine when a person should be enrolled/registered into WIA. Once a client's eligibility for a WIA funded program has been established by the data collected on the EWIR, the Local Workforce Investment Area (LWIA) will use the WIA Enrollment/Registration Form (EWIE) to enroll (register) the individual. Individuals, who are primarily seeking information and do not seek direct, one-on-one staff assistance, do not need to be enrolled/registered.

Table 1: Proposed Registration for WIA Services ¹

Core Services - Self-Service Informational (no registration required)	WIA Core Services (registration required)	WIA Intensive Services (registration required)	WIA Training Services (registration required)
Determination of eligibility to receive assistance under Title IB	Staff assisted job search & placement assistance, including career counseling	Comprehensive & specialized assessment, such as diagnostic testing & interviewing	Occupational skills training
Outreach, intake (which may include WPRS referrals) & orientation to the One-Stop center	Follow-up services, including counseling regarding the workplace	Full development of individual employment plan	On the job training
Initial assessment of skill levels, aptitudes, abilities & need for supportive services	Staff assisted job referrals (such as testing & background checks)	Group counseling	Workplace training & cooperative education programs
Employment statistics information including job vacancy listings, job skill requirements for job listings, & info. on demand occupations	Staff assisted job development (working with employer & jobseeker)	Individual counseling & career planning	Private sector training programs
Performance info. on eligible training providers	Staff assisted workshops and job clubs	Case management	Skill upgrading & retraining
Performance info. on the local One-Stop delivery system		Short-term pre-vocational services	Entrepreneurial training
Information on supportive services and referral to supportive services		Follow-up services, including counseling for registrants (those previously receiving intensive/training services) after entering employment	Job readiness training

¹ This table has been extracted from the Department of Labor, TEGL 7-99, and includes no State imposed requirements.

Table 1: Proposed Registration for WIA Services (continued)

Core Services - Self-Service Informational (no registration required)	WIA Core Services (registration required)	WIA Intensive Services (registration required)	WIA Training Services (registration required)
Information regarding filing for Unemployment compensation			Adult education and literacy activities in combination with training
Assistance in establishing eligibility for welfare-to-work activities and for other training and education programs			Customized training
Resource room usage			
Internet browsing (job, information and training searches)			
Internet accounts (Career Kit, Personnel Kit)			
Initial development of employment plan			
Talent referrals (informational, e.g., talent scouts, labor exchange referrals of resumes without further screening)			
Workshops and job clubs			

WORKFORCE INVESTMENT ACT

APPLICATION

Subgrantee Name
01 Application Number
02 Agency Code
03 Social Security Number

04 Application Date		05 Last Name		06 First Name		Middle	
07 Street Address (Residence)		City State (Residence)		08 ZIP (Residence)		09 Phone (Residence) ()	
10 Mail Street		Mail City State		11 Mail ZIP		12 Message Phone ()	
13 GEO Code (Optional)	14 Citizen 1 U.S. Citizen 2 Eligible Non-Citizen 3 Ineligible Non-Citizen	15 Alien Doc#	16 Gender 1 Female 2 Male	17 Birthdate	18 Age	19 Selective Service Registration 1 Yes, Registered 2 No, Not Registered 3 Exempt 4 Not Required	
20 Race (select one or more) AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Pacific Islander AO Other Asian BL Black – African American HI Hispanic or Latino NA American Indian/Alaskan Native WH White		Concurrent Participation 21 Adult Education 1 Yes 2 No 22 Job Corps 1 Yes 2 No 23 Farmworker Program 1 Yes 2 No 24 Native American Program 1 Yes 2 No 25 Veterans' Workforce Investment Programs 1 Yes 2 No 26 Veterans' DVOP/LVER 1 Yes 2 No 27 Trade Adjustment Act 1 Yes 2 No 28 NAFTA-TAA 1 Yes 2 No 29 Vocational Education 1 Yes 2 No 30 Vocational Rehabilitation 1 Yes 2 No 31 Wagner-Peyser 1 Yes 2 No 32 W/W-Participant 1 Yes 2 No 33 Title V Activities (OAA) 1 Yes 2 No 34 Comm Srvc Blk Grant Pgm 1 Yes 2 No 35 HUD Pgm 1 Yes 2 No 36 Other non-WIA Pgm 1 Yes 2 No 37 Rapid Response 1 Yes 2 No 38 Rapid Response – Additional Assistance				39 Disabled 1 Yes, Barrier 2 Yes, No Barrier 3 No 40 Limited English 1 Yes 2 No 41 Substance Abuse 1 Yes 2 No 42 Basic Skills Deficient 1 Yes 2 No	
43 Offender 1 Yes 2 No				44 Pregnant/Parenting Youth 1 Yes 2 No			
45 Youth Needing Assistance (Additional Barriers) 1 Yes 2 No		46 Runaway Youth 1 Yes 2 No		47 Foster Child 1 Yes 2 No		48 Family TANF 1 Yes 2 No	
49 Family GA 1 Yes 2 No		50 Family RCA 1 Yes 2 No		51 Family SSI 1 Yes 2 No		52 Family Food Stamps 1 Eligible 2 Receiving 3 No	
53 Number in Family		54 Number of Dependents <Age 18		55 Family Status 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported			
56 Family Income (Prior 6 mos)		57 Low Income 1 Yes 2 No		58 TANF Exhaustee 1 Yes 2 No		59 Homeless 1 Yes 2 No	
60 Poor Work History 1 Yes 2 No		61 Unemployment Insurance 1 Yes, UI Claimant 2 Exhaustee 3 No		62 Veteran Status 1 Yes <= 180 days 2 Yes, > 180 days 3 No		63 Disabled Veteran 1 Yes 2 Yes, special disabled 3 No	
64 Veteran Separation Date		65 Recently Separated Veteran 1 Yes 2 No		66 Campaign Veteran 1 Vietnam.era 2 Other Veteran 3 No			
67 Highest Grade Completed		68 Education Status 1 Student, H.S. or less 2 Student, attending post – H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty		69 Read Grade		70 Read Score	
						71 Reading Test	

WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
Application Number
Agency Code
Social Security Number

Last Name		First Name		Middle	
72 Read Version	73 Math Grade	74 Math Score	75 Math Test	76 Math Version	
77 Pell Grant Recipient 1 Yes 2 No, Applied but denied 3 No, Application Pending 4 Application not submitted	78 Pell Grant School Year Award Amount	79 Labor Force Status 1 Employed 2 Not employed	80 Weeks Not Unemployed Last 26 Weeks	81 Referred by WPRS (Profiling) 1 Yes 2 No	
82 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employed 5 Displaced Homemaker 9 Not Applicable		83 Dislocation Date	84 Job Code at Dislocation	Job Title	
85 Dislocation Industry Code	86 Tenure at Employer of Dislocation (months)	87 Employer Number	88 Employer Name		
Employer Address		Employer City/State		Employer ZIP	Employer Telephone
89 Eligibility A Adult WIA B Adult Low Income D Dislocated Worker F Youth (age 14 - 18) G Youth (age 19 - 21)		H Veteran Grant I 5% Window Youth (age 14 - 18) J 5% Window Youth (age 19 - 21) X Not Eligible			
Signature of Interviewer		90 Interviewer ID		Date	
Signature of Reviewer		91 Reviewer ID		Date	

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			

WIA EWIR (07/00)

Application Form (WIA EWIR)

The following are line item instructions for the Application (EWIR) form. These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation system. For detailed instructions on the JTA system, please refer to the User Guide.

Subgrantee Name (Optional)	Record the name of the subgrantee.
01 Application Number	This number is usually preprinted on the form. If no number exists, leave blank for automatic generation by the JTA system.
02 Agency Code	Record the code that has been assigned by the Local Workforce Investment Area (LWIA) to the service provider that conducts the initial intake interview.
03 Social Security Number	Record the client's social security number (SSN). A pseudo-SSN may be assigned during intake, however, Federal guidance requires that a valid SSN for such an individual must be obtained and recorded prior to the first transmittal of an individual's data.
04 Application Date	Record the application date (MM/DD/YYYY). This is the date the form is completed to determine the client's eligibility for the program.
05 Last Name	Record the client's last name.
06 First Name, Middle	Record the client's first and middle name if provided.
07 Street Address (Residence)	Record the street address where the client resides, including apartment numbers and/or letters. Post office box and/or RFD numbers are acceptable for homeless individuals and for those who live in rural areas. City, State (Residence) Record the city and state of the client's residence.
08 ZIP (Residence)	Record the ZIP code for the client's residence.
09 Phone (Residence)	Record the client's residence phone number, including the area code. This item may be left blank. If the client does not have a residence phone number, record a phone number in Item #12—Message Phone, where the client can receive messages, or record a number here where the client may be reached.

10 Mail Street	<p>Record the client's mailing address if different from the residence address.</p> <p>Mail City, State</p> <p>Record the city and state of the client's mailing address if different from the residence address.</p>
11 Mail ZIP	Record the ZIP code for the client's mailing address.
12 Message Phone	Record a phone number including the area code, where the client can receive messages. This number should be different from Item #09—Phone (Residence).
13 GEO Code (Optional)	Record the appropriate geographic code assigned by the LWIA. This is an optional field.
14 Citizen	<p>Circle the appropriate number. The client must be a U.S. citizen or an eligible non-citizen to receive WIA-funded services.</p> <p>1 U.S. Citizen—A person entitled by birth or naturalization to the protection of a given state of the United States and authorized by the Attorney General to work in the United States.</p> <p>2 Eligible Non-Citizen—Eligible non-citizens are either: nationals, lawfully admitted permanent resident aliens, refugees, asylees, parolees, or other immigrants authorized by the Attorney General to work in the United States.</p> <p>3 Ineligible Non-Citizen—An individual who is neither a citizen nor an eligible non-citizen that is authorized to work in the United States. The individual is ineligible for the WIA program.</p>
15 Alien Doc #	Record the document number of the alien registration card that establishes the client's eligibility. (Suggest INS Forms I-151, I-551, I-94, I-688A, I-197, and I-179.)
16 Gender	<p>Circle the appropriate number.</p> <p>1 Female</p> <p>2 Male</p>
17 Birthdate	Record the client's birthdate (MM/DD/YYYY).
18 Age	Record the age of the client at the time of application.

<p>19 Selective Service Registration</p>	<p>Circle the appropriate number.</p> <p>1 Yes, Registered—The client has registered in accordance with the Military Selective Service Act (USC 50X, Section 453).</p> <p>2 No, Not Registered—The client has not registered in accordance with the Military Selective Service Act. This individual is not eligible for WIA.</p> <p>3 Exempt—This list includes:</p> <ul style="list-style-type: none"> (a) Military Officer Procurement Program students at the Citadel, North Georgia College, Norwich University, and the Virginia Military Institute; (b) Men who are hospitalized, incarcerated, or institutionalized (must register within 30 days of release); and (c) Lawful non-immigrants on visas; and (d) Men who entered the United States after attaining their 26th birthday. <p>4 Not Required—The Selective Service registration requirement does not apply to:</p> <ul style="list-style-type: none"> (a) Females; (b) Males born prior to January 1, 1960, or (c) Males who have not yet reached their 18th birthday; (d) Cadets and midshipmen at the service academies; and (e) Men on active duty in the Armed Forces.
<p>20 Race/Ethnicity</p>	<p>Circle one or more.</p> <p>AA Asian Indian</p> <p>Persons who indicate their race as Asian Indian, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Bengali, Bharati, Dravidian, East Indian, Goanese, Hindu India, Kashmiri, or South Asian.</p> <p>AB Cambodian</p> <p>Persons who indicate their race as Cambodian. Cambodia is a former name for the Khmer Republic.</p>

<p>20 Race/Ethnicity (continued)</p>	<p>AC Chinese Persons who indicate their race as Chinese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Cantonese, Formosan, Taiwanese, or Tibetan.</p> <p>AD Filipino Persons who indicate their race as Filipino, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Filipino American or Philippine.</p> <p>AE Guamanian Persons who indicate their race as Guamanian, as well as persons, who did not classify themselves in one of the specific race categories, but reported entries such as Chamorro or Guam.</p> <p>AF Hawaiian Persons who indicated their race as Hawaiian native, i.e., an individual whose ancestors were natives, prior to 1778, of the area which now comprises the state of Hawaii.</p> <p>AG Japanese Persons who indicated their race as Japanese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Nipponese or Japanese American.</p> <p>AH Korean Persons who indicated their race as Korean or Korean American.</p> <p>AI Laotian Persons who indicated their race as Laotian.</p> <p>AJ Samoan Persons who indicated their race as Samoan, American Samoan or Western Samoan.</p> <p>AK Vietnamese Persons who indicated their race as Vietnamese.</p>
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<p>20 Race/Ethnicity (continued)</p>	<p>AL Other Pacific Islanders</p> <p>Persons who indicated their race as Pacific Islander with categories other than the eleven categories listed above, e.g., Maoris, Fiji Islander, Tahitian or Thai.</p> <p>AO Other Asian</p> <p>A person who indicated their race as Asian other than the categories listed above, e.g., Hmong, Indo-Chinese, or Pakistani.</p> <p>BL Black-African American</p> <p>A person having origins in any of the black racial groups of Africa.</p> <p>HI Hispanic or Latino Ethnicity</p> <p>A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (including Spain), regardless of race. Among persons from Central and South American countries, only those who are of Spanish origin, descent, or culture should be included in this category. Persons from Brazil, Guiana, and Trinidad, for example, would be classified according to their race, and would not necessarily be included in this category. Also, the Portuguese should be excluded from this category and should be classified by their race.</p> <p>Note: Federal guidance requires ethnicity information to be collected separately from race information. If the Hispanic or Latino ethnicity is selected, a client's race should also be identified.</p> <p>NA American Indian/Alaskan Native</p> <p>A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p> <p>WH White</p> <p>A person having origins in any of the original people of Europe, North Africa, or the Middle East.</p>
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<p>Concurrent Participation</p>	<p>For Items 21 through 38, indicate if the registrant is participating in any of the following programs by circling the appropriate number.</p> <p>1 Yes—The client received services from this source, other than informational or self-service only. This activity is coordinated with the individual's WIA activities by inclusion in their WIA service plan or through the follow-up services.</p> <p>2 No</p> <p>21 Adult Education</p> <p>22 Job Corps</p> <p>23 Farmworker Program</p> <p>24 Native American Program</p> <p>25 Veterans' Workforce Investment Programs</p> <p>26 Veterans' DVOP/LVER</p> <p>27 Trade Adjustment Act</p> <p>28 NAFTA-TAA</p> <p>29 Vocational Education</p> <p>30 Vocational Rehabilitation</p> <p>31 Wagner-Peyser</p> <p>32 WtW Participant</p> <p>33 Title V Activities (OAA)</p> <p>34 Comm Svc Blk Grant Pgm</p> <p>35 HUD Pgm</p> <p>36 Other non-WIA pgm</p> <p>37 Rapid Response</p> <p>38 Rapid Response- Additional Assistance</p>
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39 Disabled	<p>Circle the appropriate number.</p> <p>1 Yes, Major—The client has a physical or mental impairment, which substantially limits one or more major life activities and has a record of such impairment, or is regarded as having such impairment.</p> <p>2 Yes—The client has a physical or mental impairment that constitutes or results in a substantial impediment to employment.</p> <p>3 No</p>
40 Limited English	<p>Circle the appropriate number.</p> <p>1 Yes—An individual whose native language is not English, with a limited ability to communicate in English, resulting in a barrier to employment.</p> <p>2 No</p>
41 Substance Abuse	<p>Circle the appropriate number.</p> <p>1 Yes—The client requires substance abuse treatment for employment.</p> <p>2 No</p>
42 Basic Skills Deficient	<p>Circle the appropriate number.</p> <p>1 Yes—The client meets the definition of basic literacy skills deficient. This must be determined to include:</p> <ul style="list-style-type: none"> A. Computes or solves problems, reads, writes or speaks English at or below grade level 8.9; or B. Is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family or in society. <p>2 No</p>
43 Offender	<p>Circle the appropriate number.</p> <p>1 Yes—The client (adult or juvenile) who is or has been subject to any stage of the criminal justice process, for whom WIA services may be beneficial OR who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.</p> <p>2 No</p>

44 Pregnant/ Parenting Youth	<p>Circle the appropriate number.</p> <p>1 Yes—The client is under 22 years of age and is pregnant, or a youth (male or female) that provides custodial care for a minor child.</p> <p>2 No</p>
45 Youth Needing Assistance (Additional Barriers)	<p>Circle the appropriate number. Local policy must set the criteria for what constitutes additional barriers to completing an educational program or securing employment. At a minimum, such criteria must provide that self-sufficiency means employment that pays at least the lower living standard income level.</p> <p>1 Yes—The client is between 14 and 21 years of age and requires additional assistance to complete an educational program, or to secure and hold employment.</p> <p>2 No</p>
46 Runaway Youth	<p>Circle the appropriate number.</p> <p>1 Yes—The client is a youth (14-17) who absents his or herself from home or place of legal residence without the permission of parents or legal guardian.</p> <p>2 No</p>
47 Foster Child	<p>Circle the appropriate number.</p> <p>1 Yes—The client is a foster child on behalf of whom State or local government payments are made.</p> <p>2 No</p>
48 Family TANF	<p>Circle the appropriate number.</p> <p>1 Yes—The client is listed on the grant and/or is receiving assistance under the Temporary Assistance to Needy Families (TANF) program at any time during WIA participation. Also include participants referred by the TANF agency, participated in the TANF assessment program as a requirement prior to opening a TANF grant, and who received support services from the TANF agency.</p> <p>2 No</p>
49 Family GA	<p>Circle the appropriate number.</p> <p>1 Yes—The client is listed on the grant and/or is receiving cash assistance under a General Assistance program.</p> <p>2 No</p>

50 Family RCA	<p>Circle the appropriate number.</p> <p>1 Yes—The client is listed on the grant and/or is receiving cash assistance under a Refugee Cash Assistance program.</p> <p>2 No</p>
51 Family SSI	<p>Circle the appropriate number.</p> <p>1 Yes—The client is listed on the grant and/or is receiving cash assistance under the Supplemental Security Income program (SSI-SSA Title XVI).</p> <p>2 No</p>
52 Family Food Stamps	<p>Circle the appropriate number.</p> <p>1 Yes, Eligible—The client has been determined to be eligible to receive food stamps pursuant to the Food Stamp Act of 1977 (7 USC 2011 et seq.) within the 6-month period prior to WIA registration.</p> <p>2 Yes, Receiving— The client receives, or is a member of a family that receives food stamps pursuant to the Food Stamp Act of 1977 (7 USC 2011 et seq.)</p> <p>3 No</p>
53 Number in Family	<p>Record the total number of family members, including the client, in the individual's household.</p> <p>Include family members who are voluntarily and temporarily residing elsewhere, for example, attending college or visiting relatives. A stepchild or stepparent is considered to be related by marriage.</p>
54 Number of Dependents < age 18	<p>Record the number of the client's dependents that are under the age of 18.</p>
55 Family Status	<p>Circle the appropriate number.</p> <p>1 Parent in one-parent family</p> <p>A single, abandoned, separated, divorced, or widowed parent who supports one or more dependent children, residing in the same residence.</p> <p>2 Parent in two-parent family</p> <p>An individual who, with another family member, shares custodial support for one or more dependent children, residing in the same residence.</p> <p>3 Other family member</p> <p>An individual who is living with his or her family of two or more persons and is not a parent.</p>

55 Family Status (continued)	<p>4 Not a family member</p> <p>An individual who is not living with his or her family. This may be an individual who is:</p> <ul style="list-style-type: none"> a. Homeless; b. Disabled; c. A foster child, on behalf of who State and local government payments are made. <p>Not reported</p>
56 Family Income (Prior six-months)	<p>Enter the whole dollar amount that the client (or client's family if a family member) received as income, for the six-month period prior to WIA registration. Exclude unemployment compensation, child support payments, public assistance program payments, and old age and survivors insurance benefits received under Section 202 of the Social Security Act (42 USC 402).</p>
57 Low Income	<p>Circle the appropriate number. A client, who is disabled, as noted as Item #39—disabled, should exclude the income of family members. An applicant's income status is necessary to determine the appropriate WIA eligibility.</p> <ul style="list-style-type: none"> 1 Yes—The client is in one or more of the following categories. 2 No—The client does not fit into the following categories. <ul style="list-style-type: none"> a. The client receives, or is a member of a family which receives, cash payments under a Federal, State, or income-based public assistance program; b. The client receives an income, or is a member of a family that received a total family income, [exclusive of unemployment compensation, child support payments, public assistance program payments, and old-age and survivors insurance benefits received under Section 202 of the Social Security Act (42 USC 402)], for the six-month period prior to WIA registration that, in relation to family size does not exceed the higher of: <ul style="list-style-type: none"> A. The poverty guideline for the equivalent period; or B. 70 percent of the lower living standard income level, for an equivalent period;

	<p>c. The client is a member of a household that receives (or has been determined within the six-month period prior to registration for the program involved, to be eligible to receive Food Stamps pursuant to the Food Stamp Act of 1977;</p> <p>d. The client is a homeless individual, as defined in Item #59;</p> <p>e. The client is a foster child on behalf of whom State or local government payments are made;</p> <p>f. The client is an individual with a disability who meets the requirement of a program described in A or B above, but who is a member of a family that does not meet such requirements.</p>
58 TANF Exhaustee	<p>Circle the appropriate number.</p> <p>1 Yes—The client has exhausted all TANF benefits for which the individual has been determined eligible.</p> <p>2 No</p>
59 Homeless	<p>Circle the appropriate number.</p> <p>1 Yes—The client lacks a fixed, regular and adequate nighttime residence; OR</p> <p>Has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; OR</p> <p>Is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</p> <p>2 No</p>
60 Poor Work History	<p>Circle the appropriate number.</p> <p>1 Yes—The client has not worked full-time in unsubsidized employment for more than 13 consecutive weeks in the last 12 calendar months.</p> <p>2 No</p>
61 Unemployment Insurance	<p>Circle the appropriate number.</p> <p>1 Yes, Claimant—The client is currently receiving unemployment compensation.</p> <p>2 Yes, Exhaustee—The client was receiving unemployment compensation, but has exhausted claim benefits.</p> <p>3 No</p>

62 Veteran Status	<p>Circle the appropriate number.</p> <p>1 Less than or equal to 180 days—The client served in the active US military, naval, or air service for a period less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</p> <p>2 Greater than 180 days—The client served as above for greater than 180 days.</p> <p>3 No</p>
63 Disabled Veteran	<p>Circle the appropriate number.</p> <p>1 Yes—The client is a veteran entitled to disability compensation under Department of Veterans' Affairs (DVA) laws or was discharged or released from active duty because of a service-connected disability.</p> <p>2 Yes, special disabled—The client is rated at 30 percent disabled or more by the DVA, or at 10 or 20 percent for a serious employment disability.</p> <p>3 No</p>
64 Veteran Separation Date	<p>Record the date the client was discharged or released from active US military, naval, or air service. (MM/DD/YYYY).</p>
65 Recently Separated Veteran	<p>Circle the appropriate number.</p> <p>1 Yes—The client is a veteran who applied for WIA participation within 48 months after discharge or release from active US military, naval, or air service.</p> <p>2 No</p>
66 Campaign Veteran	<p>Circle the appropriate number.</p> <p>1 Vietnam-Era—The client is a veteran who served in the active US military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable during the Vietnam-era. (The period beginning on February 28, 1961, and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period and the period beginning on August 5, 1964, and ending on May 7, 1975, in all other cases).</p>

66 Campaign Veteran (continued)	<p>2 Other Veteran—The client is a veteran who served on active duty in the US armed forces during a war or campaign or expedition for which a campaign badge or expeditionary medal has been authorized. (See the following list of authorized campaigns.)</p> <p>3 No</p>
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AUTHORIZED CAMPAIGN LIST

Armed Forces Expeditionary Medal (AFEM)	
Berlin	Aug. 14, 1961 to Jun. 1, 1963
Bosnia	Nov. 20, 1995 to Dec. 20, 1996 & Dec. 20, 1996 to present
Cambodia	Mar. 29, 1973 to Aug. 15, 1973
Cambodia Evacuation	Apr. 11 - 13, 1975
Congo	Jul. 14, 1960 to Sept. 1, 1962 & Nov. 23 -27, 1964
Cuba	Oct. 24, 1962 to Jun. 1, 1963
Dominican Republic	Apr. 28, 1965 to Sept. 21, 1966
El Salvador	Jan. 1, 1981 to Feb. 1, 1992
Grenada	Oct. 23, 1983 to Nov. 21, 1983
Haiti	Sept. 16, 1994 to Mar. 31, 1995
Iraq	Jan. 1, 1997 to present
Korea	Oct. 1, 1966 to Jun. 30, 1974
Laos	Apr. 19, 1961 to Oct. 7, 1962
Lebanon	Jul. 1, 1958 to Nov. 1, 1958 & Jun. 1, 1983 to Dec. 1, 1987
Mayaguez Operation	May 15, 1975
Operations in the Libyan Area	Apr. 12 - 17, 1986
Panama	Dec. 20, 1989 to Jan. 31, 1990
Persian Gulf Operation	Jul. 24, 1987 to Aug. 1, 1990
Persian Gulf Operation	Dec. 1, 1995 to present
Persian Gulf Operation	Dec. 1, 1995 to Feb. 1, 1997
Persian Gulf Operation	Nov. 11, 1998 to Dec. 22, 1998
Persian Gulf Operation	Dec. 16, 1998 to Dec. 22, 1998
Persian Gulf Intercept Operation	Dec. 1, 1995 to present
Quemoy and Matsu Islands	Aug. 23, 1958 to Jun. 1, 1963
Somalia	Dec. 5, 1992 to Mar. 31, 1995
Taiwan Straits	Aug. 23, 1958 to Jan 1, 1959
Thailand	May 16, 1962 to Aug. 10, 1962
Vietnam Evacuation	Apr. 29, 1975 to Apr. 30, 1975
Vietnam (including Thailand)	Jul. 1, 1958 to Jul. 3, 1965
Navy Expeditionary Medal & Marine Corps Medal	
Cuba	Jan. 3, 1961 to Oct. 23, 1962
Indian Ocean/Iran	Nov. 21, 1979, to Oct. 20, 1981
Iranian/Yemen/Indian Ocean	Dec. 8, 1978 to Jun. 6, 1976
Lebanon	Aug. 20, 1982 to May 31, 1983
Liberia	Aug. 5, 1990 to Feb. 21, 1991
Libyan Area	Jan. 20, 1986 to Jun. 27, 1986

Panama	Apr. 1, 1980 to Dec. 19, 1986 & Feb. 1, 1990 to Jun. 13, 1990
Persian Gulf	Feb. 1, 1987 to Jul. 23, 1987
Rwanda	Apr. 7 - 18, 1994
Thailand	May 16 - Aug. 10, 1962
Other Campaign & Service Medals	
Army Occupation of Austria	May 9, 1945 to Jul. 27, 1955
Army Occupation of Berlin	May 9, 1945 to Oct. 2, 1990
Army Occupation of Germany (exclusive of Berlin)	May 9, 1945 to May 5, 1955
Army Occupation of Japan	Sept. 3, 1945 to Apr. 27, 1952
Chinese Service Medal (Extended)	Sept. 2, 1945 to Apr. 1, 1957
Korean Service	Jun. 27, 1950 to Jul. 27, 1954
Navy Occupation of Austria	May 8, 1945 to Oct. 25, 1955
Navy Occupation of Trieste	May 8, 1945 to Oct. 25, 1955
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm)	Aug. 2, 1990 to Nov. 30, 1995
Units of the Sixth Fleet (Navy)	May 9, 1945 to Oct. 25, 1955
Vietnam Service Medal (VSM)	Jul. 4, 1965 to Mar. 28, 1973

67 Highest Grade Completed	<p>Record the highest number that applies to the client.</p> <p>00 No school grades completed.</p> <p>01-11 Number of elementary/secondary grades completed. Individuals who completed 12th grade but did not receive a diploma or equivalent are to be coded 11. Disabled participants who received a Certificate of Completion or an IEP diploma are to be coded as 11.</p> <p>12 High School graduate or equivalent.</p> <p>88 Attained certificate of equivalency for a high school degree.</p> <p>13-15 If a high school graduate, the number of school years completed including college or full-time technical or vocational school.</p> <p>16 Bachelor's degree or equivalent.</p> <p>17 Five years or more of college, a Master's degree, Ph.D. or equivalent.</p>
68 Education Status at Registration	<p>Circle the appropriate number.</p> <p>1 The client is not a high school graduate (or equivalent) and is attending any school (including elementary, intermediate, junior high school, secondary or postsecondary, or alternative school) or is between school terms and intends to return to school.</p> <p>2 The client is a high school graduate (or equivalent) and is attending a postsecondary school or is between school terms and intends to return to school.</p> <p>3 The client is not attending any school and is not a high school graduate.</p> <p>4 The client is not attending any school, is a high school graduate, and is basic skills deficient, unemployed, or underemployed.</p> <p>5 The client is not attending any school, is a high school graduate and is not basic skills deficient and not unemployed and not underemployed.</p>

69 Read Grade	Record the client's grade level equivalent between 0.1 and 12.0 in English reading as determined by a generally accepted standardized or criterion-referenced test (administered within the last twelve months) or a school record of reading level (administered within the last twelve months). Record 13 for individuals whose test level is at grade 13 or above. Record 87 for individuals who were not tested and are obviously below the ninth grade level. Record 88 for individuals who refused testing or who otherwise could not be tested or for whom testing was not needed.
70 Read Score	Record the client's raw score in reading English as determined by a generally accepted standardized or criterion-referenced test.
71 Reading Test	<p>If a raw score is reported in Item #70, record the code for the test that was administered from the list below:</p> <ol style="list-style-type: none"> 1 Adult Basic Learning Examination (ABLE) 2 DOL Workplace Literacy Test (DOL-WLT) 3 Adult Literacy Test (ALT) 4 Armed Forces Qualifying Test (AFQT) 5 Basic Occupational Literacy Test (BOLT) 6 California Achievement Test (CAT) 7 Career Ability Placement Survey (CAPS) 8 CASAS Appraisal 9 CASAS Survey Achievement Tests 10 General Aptitude Test Battery (GATB) 11 Iowa Test of Basic Skills (ITBS) 12 Metropolitan Achievement Test (MAT) 13 Reading Job Corps Screening Test (RJCST) 14 Tests of Adult Basic Education (TABE) 15 Wide Range Achievement Test (WRAT) 16 Other
72 Read Version	If a raw score is reported in Item #70, record the version of the test that was administered to the client (Item #71).

73 Math Grade	Record the client's grade level equivalent between 0.1 and 12.0 in computational skills as determined by a generally accepted standardized or criterion-referenced test (administered within the last twelve months) or a school record of reading level (administered within the last twelve months). Record 13 for individuals whose test level is at grade 13 or above. Record 87 for individuals who were not tested and are obviously below the ninth grade level. Record 88 for individuals who refused testing or who otherwise could not be tested or for whom testing was not needed.
74 Math Score	Record the client's raw score in computation skills as determined by a generally accepted standardized or criterion-referenced test.
75 Math Test	If a raw score is reported in Item #74, record the code for the test that was administered to the client from the list in Item #71.
76 Math Version	If a raw score is reported in Item #74, record the version of the test that was administered to the client (Item #71).
77 Pell Grant Recipient	<p>Circle the appropriate number.</p> <p>1 Yes—The client is, or has been notified they will be, receiving a Pell Grant.</p> <p>2 No—The Client applied for a Pell grant, but was denied.</p> <p>3 No—The client applied for a Pell grant, and is waiting for approval or denial.</p> <p>4 No—The client did not apply for a Pell grant.</p>
78 Pell Grant School Year Award Amount	Record the dollar amount of the Pell Grant that has been awarded to the client for the year.

79 Labor Force Status	<p>Circle the appropriate number.</p> <p>1 Employed—An employed individual:</p> <p>A. Has done any work at all as a paid employee, in his or her own business, profession or farm, during the last seven-days prior to WIA registration; or</p> <p>B. Has done 15 or more hours as an unpaid worker in an enterprise operated by a member of the family; or</p> <p>C. Has a job or business from which he or she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not they are seeking another job.</p> <p>2 Not employed—The client does not meet the definition of employed above.</p>
80 Weeks Not Unemployed Last 26 Weeks	<p>Record the number of weeks (0-26) that the client was unemployed during the 26 weeks immediately prior to applying for WIA. Record this information whether or not the individual is unemployed at the time of application.</p>
81 Referred by WPRS (Profiling)	<p>Circle the appropriate number.</p> <p>1 Yes—The client is an unemployment insurance claimant who has been referred to WIA reemployment services by the Worker Profiling and Reemployment Services (WPRS) system.</p> <p>2 No</p>
82 Dislocated Worker	<p>Circle the appropriate number. See Item #89 for the WIA definition of dislocated workers.</p> <p>1 Terminated or Laid off</p> <p>2 Received Notice of Layoff</p> <p>3 Long Term Unemployed (JTPA transfer only)</p> <p>4 Self Employed</p> <p>5 Displaced Homemaker</p> <p>9 Not Applicable</p>
83 Dislocation Date	<p>Record the last day of employment at the dislocation job (MM/DD/YYYY). If there is no dislocation job, (e.g., displaced homemakers), leave blank. If the individual is still employed, this field should be left blank until the qualifying dislocation takes place.</p>

<p>84 Job Code at Dislocation</p> <p>Job Title</p>	<p>Record the SOC/O*NET, OES, or DOT code that best describes the individual's type of employment at their place of dislocation.</p> <p>Record the title of the job noted in Item #84.</p>
<p>85 Dislocation Industry Code</p>	<p>Record the first three-digits of the Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) industry code of the qualifying dislocation.</p>
<p>86 Tenure at Employer of Dislocation (months)</p>	<p>Record the number of months the client was employed at the place of dislocation.</p>
<p>87 Employer Number</p>	<p>Record the number assigned to the employer from the list provided by the LWIA MIS section.</p>
<p>88 Employer Name</p> <p>Employer Address</p>	<p>Record the business name of the employer for whom the client is/was working.</p> <p>Record the business address of the employer for whom the client is working.</p> <p>Employer City, State</p> <p>Record the city and state of the employer.</p> <p>Employer Zip</p> <p>Record the Zip code of the employer.</p> <p>Employer Telephone</p> <p>Record the employer's contact telephone number including the area code. Do not leave this item blank.</p>

89 Eligibility

Circle the appropriate letter.

A. Adult

The client is eligible for the Adult program if the individual is age 18 or older.

B. Low Income Adult

The client is eligible for the Low Income Adult program if the individual is age 18 or older AND is considered low income, as noted in Item #57—Low Income.

WIA Section 134 (d)(4)(E) PRIORITY: In the event that funds allocated to a local area for adult employment and training activities under paragraph (2)(A) or (3) of Section 133(b) are limited, priority shall be given to recipients of public assistance and other low-income individuals for intensive services and training services. The local board shall direct the one-stop operators in the local area with regard to making determinations related to such priority.

D. Dislocated Worker

The client is eligible for the Dislocated Worker program (WIA Section 101(9)), if the following criteria have been met:

1. Has been terminated or laid off, or has received a notice of termination or layoff from employment; AND
 - a. Is eligible for, or has exhausted, entitlement to unemployment compensation; OR
 - b. Is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that was not covered under a State unemployment compensation law, but demonstrates a sufficient attachment to the workforce (WIA Section 134(c)); AND
2. Is unlikely to return to a previous industry or occupation.

OR

<p>Eligibility (continued)</p>	<p>D. Dislocated Worker (continued)</p> <ol style="list-style-type: none"> 3. Has been terminated or laid off, or has received a notice of termination or layoff from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility or enterprise; AND <ol style="list-style-type: none"> a. Is employed at a facility that the employer has made a general announcement that the facility will close within 180 days; OR b. For services other than training services (Section 134(d)(4)), intensive services (Section 134(d)(3)) or supportive services, is employed at a facility at which the employer has made a general announcement that the facility will close. <p>OR</p> <p>Was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.</p> <p>OR</p> <p>Is a displaced homemaker. A displaced homemaker means an individual who has been providing unpaid services to family members in the home and who:</p> <ol style="list-style-type: none"> a. Has been dependant on the incomes of another family member but is no longer supported by that income; AND b. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. <p>F. Youth (age 14 – 18)</p> <p>The client is eligible for Youth services (WIA Section 101(13)), if the following criteria have been met:</p> <ol style="list-style-type: none"> 1. The client is age 14 through 18;
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<p>Eligibility (continued)</p>	<p>2. Is a low income individual, as defined in WIA Section 101(25), and noted in Item #57—Low Income;</p> <p>AND</p> <p>Is within one or more of the following categories:</p> <ul style="list-style-type: none"> a. Deficient in basic literacy skills; OR b. School dropout; OR c. Homeless, runaway, or foster child; OR d. Pregnant or parenting; OR e. An offender; OR f. Is an individual (including a youth with a disability) who requires additional assistance to complete an educational program, or to secure and hold employment (WIA Section 101(13)). <p>G. Youth (age 19 – 21)</p> <p>The client is eligible for Youth services (WIA Section 101(13)), if the following criteria have been met:</p> <ul style="list-style-type: none"> 1. The client is age 19 through 21; 2. Is a low income individual, as defined in WIA Section 101(25), and noted in Item #57—Low Income; <p>AND</p> <p>Is within one or more of the following categories:</p> <ul style="list-style-type: none"> a. Deficient in basic literacy skills; OR b. School dropout; OR c. Homeless, runaway, or foster child; OR d. Pregnant or parenting; OR e. An offender; OR f. Is an individual (including a youth with a disability) who requires additional assistance to complete an educational program, or to secure and hold employment (WIA Section 101(13)).
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Eligibility (continued)

H. Veteran Grant

The client is eligible for Veteran services (WIA Section 168), if the following criteria have been met:

The client is eligible as an individual who served in the active military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable.

AND

Is within one or more of the following categories:

- a. Service-connected disability; OR
- b. Significant barrier to employment; OR
- c. Campaign veteran; OR
- d. Recently separated veteran.

I. 5 Percent Window Youth (age 14 – 18)

The client is eligible for Youth services within the 5 percent window (WIA Section 129(c)(5)), **if not more than 5 percent of participants being assisted under eligibility sections I and J in each local area** are individuals who **do not meet** the minimum income criteria, as noted in Item #57—Low Income, to be considered eligible youth. Such individuals must be age 14 through 18 at the time of WIA application;

AND

Is within one or more of the following categories:

- a. School dropout; **OR**
- b. Deficient in basic literacy skills; **OR**
- c. Educational attainment is one or more grade levels below the grade level appropriate to the age of the individual; **OR**
- d. Pregnant or parenting; **OR**
- e. Is disabled, including learning disabilities; **OR**
- f. Homeless or runaway; **OR**
- g. Offenders; **OR**
- h. Face serious barriers to employment as identified by the local board.

	<p>J. 5 Percent Window Youth (age 19 – 21)</p> <p>The client is eligible for Youth services within the 5 percent window (WIA Section 129(c)(5)), if not more than five-percent of participants being assisted under eligibility sections I and J in each local area are individuals who do not meet the minimum income criteria, as noted in Item #57—Low Income, to be considered eligible youth. Such individuals must be age 19 through 21 at the time of WIA application;</p> <p>AND</p> <p>Is within one or more of the following categories:</p> <ul style="list-style-type: none"> a. School dropout; OR b. Deficient in basic literacy skills; OR c. Educational attainment is one or more grade levels below the grade level appropriate to the age of the individual; OR d. Pregnant or parenting; OR e. Is disabled, including learning disabilities; OR f. Homeless or runaway; OR g. Offenders; OR h. Face serious barriers to employment as identified by the local board. <p>X. Ineligible</p> <p>The client is ineligible for the WIA program.</p>
<p><i>Signature of Interviewer</i></p> <p>90 Interviewer ID</p> <p><i>Date</i></p>	<p>The person responsible for completion of this form must sign here.</p> <p>Record the assigned identification number for the person responsible for completion of this form.</p> <p>Record the date the interviewer completed this form.</p>
<p><i>Signature of Reviewer</i></p> <p>91 Reviewer ID</p> <p><i>Date</i></p>	<p>The reviewer must sign the application form. The signature certifies that the proper eligibility has been determined for the WIA program.</p> <p>Record the reviewer's assigned identification number.</p> <p>Record the date the reviewer signed this form.</p>

<i>Signature of Client</i>	Once the application form has been completed, review the form with the client and have them sign the application form. The client's signature constitutes the client's certification that the WIA application information is true and correct.
<i>Date</i>	Record the date the client signed the application form.
<i>Signature of Parent or Guardian</i>	In the case of a client who is a minor (except an emancipated minor), the signature of a parent or guardian is required to certify that the WIA application information is true and correct.
<i>Date</i>	Record the date the parent or guardian signed the application form.
<i>Remarks</i>	Provide any additional details essential to this application form.

Enrollment/Registration Form (WIA EWIE)

The Workforce Investment Act (WIA) Enrollment/Registration form (EWIE) is used to record the enrollment of an eligible WIA client into the WIA grant program. Once a program operator has completed the intake/eligibility process and obtained the documentation required to substantiate the client's eligibility for the program, an enrollment form should be completed to enroll a participant into an activity.

Individuals who are primarily seeking information and do not seek direct, one-on-one staff assistance, do not need to be registered/enrolled. However, when an individual seeks more than minimal assistance from staff in taking the next steps toward self-sufficient employment, then eligibility must be determined. Enrollment/Registration is the point at which information that is used in performance measurement begins to be collected.

Only one enrollment form is completed for each client unless the client is receiving services from two different WIA funding sources. For example, the client is co-enrolled in both the WIA Adult program and the Older Youth program. A separate enrollment form would be completed for each funding source. One line of the enrollment form will be used for each specific activity, such as adult education.

This form will usually have a pre-printed case number on the top right-hand corner of the form. If there is no pre-printed number, an auto-generated number will be assigned when the form is entered in the JTA system. This number should be recorded on the form.

WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name
01 Social Security Number
02 Case Number
Application Number

Last Name			First Name			Middle					
03 Grant Code		04 Enrollment Date		05 Date ITA Established		06 Total Amount of ITA					
Activity 1	07 Activity Code	08 Agency Code	09 State Provider ID	10 Program Code	11 Job Code/Job Description	12 Begin Date	13 Est/End Date	14 ITA Amount Used	15 Completion Code	16 Goal Code	
	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code	
	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code	
Enrolling Staff Signature			17 Enrolling Staff ID			Date					
Activity Codes Core 10 Follow-up Services, Counseling 11 Staff Assisted Job Development 12 Staff Assisted Job Referrals 13 Staff assisted Job Search, Placement 14 Staff Assisted Workshops / Job Clubs 15 Other Core Services 16 Non-WIA Funded Core Services Intensive 30 Case Mgt for Participants 31 Comprehensive Assessments 32 Development of Individual Employment Plan 33 Group Counseling 34 Work/Entry Employment Experience 35 Individual Counseling and Career Planning 36 Out-of-Area Job Search 37 Relocation Expenses 38 Short Term Prevocational Services 39 Internships 40 Other Intensive Services 41 Non-WA Funded Intensive Services			Training 50 Adult Education 51 Customized Training 52 Entrepreneurial Training 53 Job Readiness Training 54 Occupational Skills Training 55 On-The-Job Training 56 Private Sector Training 57 Skill Upgrading and Retraining 58 Workplace Training and Coop Ed 59 Other Training Services Youth 70 Summer-related 71 Educational Achievement Services 72 Employment Services 73 Citizen and Leadership Services 74 Other Youth Services Miscellaneous 80 Other JTPA 81 Supportive Services 82 Needs-related Payments 83 Planned Break In Services 90:99 Optional Local Use			Completion Codes 1 Completed 2 Not Completed, Involuntary 3 Not Completed, Voluntary Goal Codes (Youth Only) 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 007 Perform Actual Tasks 008 Familiarity with Procedures, Tools 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 013 ESL/VESL 014 Leadership 015 Life Skills 016 Technology 017 Allocates Resources 018 Team Work 019 Information Skills 020 Interpersonal Skills					

WIA EWIE (07/00)

Enrollment/Registration Form (WIA EWIE)

The following are line item instructions for the Workforce Investment Act (WIA) Enrollment/Registration (EWIE) form. These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation system. For detailed instructions on the Job Training Automation (JTA) system, please refer to the User Guide.

<i>Subgrantee Name (Optional)</i>	Record the name of the subgrantee.
<i>01 Social Security Number</i>	Record the client's Social Security Number (SSN). Compare the SSN entered here to the SSN shown on the Application form to verify its accuracy.
<i>02 Case Number</i>	This number is usually pre-printed on the form. If the form you are using does not have a pre-printed number, you may either assign one or allow the computer to assign the next sequential number. Do not reuse closed case numbers.
<i>Application Number</i>	Record the application number as it appears on the Application form.
<i>Last Name, First Name, Middle</i>	Record the client's name, last name first, and compare it with the application form to verify its accuracy.
<i>03 Grant Code</i>	Record the grant code of the WIA program in which the client is being served. Refer to the list of assigned WIA grant codes for accurate identification numbers.
<i>04 Enrollment Date</i>	Record the actual date (MM/DD/YYYY) that the client enrolled in the WIA program. Do not leave this item blank. This date cannot be prior to the application date.
<i>05 Date ITA Established</i>	<p>Record the date (MM/DD/YYYY) that the Individual Training Account (ITA) was established for the client. The ITA is established on behalf of a participant. WIA Title I adult and dislocated workers purchase training services from eligible providers they select in consultation with the case manager. This does not apply to WIA youth. This is an optional field and should be left blank if it does not apply.</p> <p>Contracts for services may be used instead of ITA's only when one of the following three exceptions apply:</p> <p>(1) When the services provided are on-the-job training (OJT) or customized training;</p>

<p>05 Date ITA Established (continued)</p>	<p>(2) When the Local Board determines that there are an insufficient number of eligible providers in the local area to accomplish the purpose of a system of ITA's. The Local Plan must describe the process to be used in selecting the providers under a contract for services;</p> <p>OR</p> <p>(3) When the Local Board determines that there is a training services program of demonstrated effectiveness offered in the area by a community-based organization (CBO) or another private organization to serve special participant populations that face multiple barriers to employment, as described in WIA Section 134(d)(4)(G).</p>
<p>06 Total Amount of ITA</p>	<p>Record the total dollar amount of the ITA established for the client. This does not apply to WIA youth, customized training and OJT. This is an optional field and should be left blank if it does not apply. Payments from ITA's may be made in a variety of ways, including the electronic transfer of funds through financial institutions, vouchers, or other appropriate methods. Payments may also be made incrementally, through payment of a portion of the costs at different points in the training course.</p>

07 Activity Code

A WIA client must have at least one core activity before an intensive activity and they must have at least one intensive activity before a training activity, even if Non-WIA funds, (core code #16 and intensive code #41 below) are used to support these activities. Record the code for the activity provided to the client from the list below:

CORE**10 Follow-up Services, Counseling**

(A) Follow-up services must be available for a minimum of 12 months after employment begins for registered Adults and Dislocated Workers who are placed into unsubsidized employment and for all youth who are served under WIA. Local areas have broad discretion in determining the intensity and type of follow-up services. Examples of follow-up services may include:

- job shadowing;
- a "Youth Day" career exploration activity organized at the One-Stop;
- periodic, scheduled group meetings or one-on-one meetings to discuss educational or career options;
- use of technology to explore Web sites and facilitate communication;
- periodic telephone calls to inform youth of on-going activities such as job fairs or other career activities; and
- adult mentoring and tutoring.

(B) Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate.

11 Staff Assisted Job Development

Staff assists the individual by working with the employer and job seeker.

12 Staff Assisted Job Referrals

Staff refers the individual to an employment opportunity and assists with testing and background checks.

13 Staff Assisted Job Search, Placement

Staff provides career counseling to assist the individual in determining whether or not that more intensive services are required to obtain employment.

<p>17 Activity Code (continued)</p>	<p>14 Staff Assisted Workshops/Job Clubs</p> <p>Job search assistance (including job search skills training and job club activities) means the provision of instruction and support to a participant to give the participant skills in acquiring full time employment. The services provided may include, but are not limited to, resume writing, interviewing skills, labor market guidance, telephone techniques, information on job openings, and job acquisition strategies, as well as the provision of office space and supplies for the job search.</p> <p>15 Other Core Services</p> <p>Other core services that do not fit into the above categories.</p> <p>16 Non-WIA funded core</p> <p>Core services were provided to the individual by Non-WIA funding sources.</p> <p>INTENSIVE</p> <p>30 Case Mgt for Participants</p> <p>Case management refers to the provision of a client-centered approach in the delivery of services.</p> <p>31 Comprehensive Assessments</p> <p>Includes diagnostic testing and use of other assessment tools, and in-depth interviewing and evaluation to identify employment barriers and appropriate employment goals.</p> <p>32 Development of Individual Employment Plan</p> <p>Development of a plan to identify the employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to achieve the employment goals.</p> <p>33 Group Counseling</p> <p>Group counseling and career planning was provided to the client to achieve their employment goals.</p> <p>34 Work/Entry Employment Experience</p> <p>A planned, structured learning experience that takes place in a workplace for a limited period of time. Work experience may be paid or unpaid, as appropriate. A work experience workplace may be in the private for profit sector, the non-profit sector, or the public sector.</p>
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Activity Code (continued)	<p>35 Individual Counseling and Career Planning</p> <p>Individual counseling and career planning was provided to the client to achieve employment goals.</p> <p>36 Out-of-Area Job Search</p> <p>Client was provided services for out-of-area job search.</p> <p>37 Relocation Expenses</p> <p>Provided financial assistance to relocate in order to accept employment, as provided for by local policy.</p> <p>38 Short Term Pre-vocational Services</p> <p>Includes the development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct, to prepare individuals for unsubsidized employment or training.</p> <p>39 Internships</p> <p>Staff refers the individual to an intern opportunity.</p> <p>40 Other Intensive Services</p> <p>Other intensive services that do not fit into the above categories.</p> <p>41 Non-WIA funded Intensive Services</p> <p>Intensive services were provided to the individual by Non-WIA funding sources.</p> <p>TRAINING</p> <p>50 Adult Education</p> <p>This service must be offered in combination with other allowable training services (not including customized training).</p> <p>51 Customized Training</p> <p>Training that is:</p> <ul style="list-style-type: none"> (A) designed to meet the special requirements of an employer (including a group of employers); (B) that is conducted with a commitment by the employer to employ an individual on successful completion of the training; AND (C) for which the employer pays for not less than 50 percent of the cost of the training.
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Activity Code (continued)	<p>52 Entrepreneurial Training Entrepreneurial training is provided to the client.</p> <p>53 Job Readiness Training Training in job seeking and interviewing skills, understanding employer expectations, and enhancing a client's capacity to move toward self-sufficiency.</p> <p>54 Occupational Skills Training Occupational skills training, including training for nontraditional employment.</p> <p>55 On-the-Job Training Training by an employer that is provided to a paid participant while engaged in productive work in a job that:</p> <ul style="list-style-type: none"> (A) provides knowledge or skills essential to the full and adequate performance of the job; and (B) provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; and (C) is limited in duration that is appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate. <p>56 Private Sector Training Training programs operated by the private sector.</p> <p>57 Skill Upgrading and Retraining Training was provided for the purpose of upgrading the skills and/or retraining the client.</p> <p>58 Workplace Training And Coop Ed Programs that combine workplace training with related instruction, which may include cooperative education programs.</p> <p>59 Other Training Services Other training services that do not fit into the above categories.</p>
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Activity Code (continued)	<p>YOUTH</p> <p>70 Summer-related</p> <p>The WIA youth received summer employment opportunities that are directly linked to academic and occupational learning.</p> <p>71 Educational Achievement Services</p> <p>Services include tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies, and alternative secondary school service.</p> <p>72 Employment Services</p> <p>Preparation for and success in employment services include paid and unpaid work experiences, including internships, and job shadowing, and occupational skill training.</p> <p>73 Citizen and Leadership Services</p> <p>Services are intended to develop the potential of youth as citizens and leaders and include leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours.</p> <p>74 Other Youth Services</p> <p>Additional supports for youth services include providing mentoring, comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, primarily provided to assist a youth in achieving employment-related success.</p> <p>MISCELLANEOUS</p> <p>80 Other JTPA</p> <p>Other miscellaneous activities that were allowable under JTPA but are not allowable under WIA.</p> <p>81 Supportive Services</p> <p>Services such as transportation, childcare, dependent care, housing, and needs-related payments, which are necessary to enable an individual to participate in activities, authorized under Title I of WIA.</p>
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**Activity Code
(continued)**

82 Needs-related Payments

Adults/Dislocated Workers in Training Services:

Funds allocated to a local area that may be used to provide needs-related payments to adults and dislocated workers, respectively, who are unemployed and do not qualify for (or have ceased to qualify for) unemployment compensation for the purpose of enabling such individuals to participate in programs of training services.

Additional Eligibility Requirements:

A dislocated worker who has ceased to qualify for unemployment compensation may be eligible to receive needs-related payments **only** if such worker was enrolled in the training services by the end of the 13th week after the most recent layoff that resulted in a determination of the worker's eligibility for employment and training activities for dislocated workers under this subtitle; **or**

If later, by the end of the 8th week after the worker is informed that a short-term layoff will exceed six-months.

Also, the individual did not qualify for or must or have ceased to qualify for unemployment compensation or trade adjustment assistance under TAA or NAFTA-TAA in order to be eligible to receive needs-related payments.

Youth in Training:

Stipends for such activities as GED completion are allowable expenditures under the WIA youth program, provided the provision of a stipend is included in the participant's individual needs assessment and individual service strategy. Provision of stipends must also have been approved in the local plan.

83 Planned Break in Service

This activity code should be used to identify participants who have a planned gap in service of greater than 90 days so they will not be considered as exited. The gap in service **must** be due to a delay before the beginning of training or a health/medical condition that prevents an individual from participating in services. Service providers should document any gap in service that occurs with a reason for such a gap in service. of measurement in 15 of the 17 core measures (the younger youth skill attainment rate and employer customer satisfaction measures are not based on exit).

Activity Code (continued)	<p>Once a participant has not received any WIA funded or partner services for 90 days, except follow-up services and there is no planned gap in service or the planned gap in service is for reasons other than those specified above, that participant has exited WIA for the purposes</p> <p>90:99 Optional Local Use</p> <p>Activity codes 90 to 99 are provided for optional use by local areas. The activities identified by these codes are defined by the local area using them.</p>
08 Agency Code	Record the code that has been assigned by the LWIA to the service provider that completes the enrollment form.
09 State Provider ID	Record the provider code from the Eligible Training Provider List that identifies the agency that provided the activity. Leave this blank for youth, customized training or OJT enrollments -as it does not apply.
10 Program Code	Record the program code from the Eligible Training Provider List that identifies the program activity. Leave it blank for youth, customized training or OJT enrollments-as it does not apply.
11 Job Code	Record the DOT code, OES code, or the O*NET code that best describes the training provided. Basic skills, work readiness, and GED will not have a job code. This is an optional field and should be left blank if it does not apply.
12 Begin Date	Record the begin date for the activity (MM/DD/YYYY).
13 Est/End Date	Record the estimated or actual end date for the activity (MM/DD/YYYY).
14 ITA Amount Used	Record the cumulative dollar amount expended from the ITA for this activity if it was an ITA activity.
15 Completion Code	<p>Record the code that best describes the completion status of this activity:</p> <ul style="list-style-type: none"> 1 Completed 2 Not Completed, Involuntary 3 Not Completed, Voluntary

16 Goal Code	<p>Record the goal code from the list below of the activity provided to the youth client. A youth who is determined to be basic skills deficient must set a minimum of one basic skill goal.</p> <p>001 Reading Comprehension</p> <p>002 Math Computation</p> <p>003 Writing</p> <p>004 Speaking</p> <p>005 Listening</p> <p>006 Problem Solving, Reasoning, Decision Making</p> <p>007 Perform Actual Tasks</p> <p>008 Familiarity with Procedures, Tools</p> <p>009 Work of Work Awareness</p> <p>010 Labor Market Knowledge</p> <p>011 Career Planning</p> <p>012 Job Search Techniques</p> <p>013 ESL/VESL</p> <p>014 Leadership</p> <p>015 Life Skills</p> <p>016 Technology (computer skills)</p> <p>017 Allocates Resources</p> <p>018 Teamwork</p> <p>019 Information Skills</p> <p>020 Interpersonal Skills</p>
<p><i>Enrolling Staff Signature</i></p> <p>17 Enrolling Staff ID</p> <p><i>Date</i></p>	<p>The enrolling staff responsible for completion of this form must sign here.</p> <p>Record the enrolling staff's assigned identification number.</p> <p>Record the date the enrolling staff member signed the enrollment form (MM/DD/YYYY).</p>

Goals Form (WIA EWIG)

The Workforce Investment Act (WIA) Goals form (EWIG) is used to record the goals that are set and attained by a WIA youth client for performance measurement. Mandatory completion of this form is required for all youth ages 14-18.

The Department of Labor allows the maximum of three goals per year to be set for the purpose of the youth skill attainment rate performance measure. A maximum of three goals per person in each year is allowable in order to prevent the setting of multiple minimum-level skill goals. There are three goal types: basic skills, occupational skills and work readiness. Participants may have any combination of the three types of skill goals. A youth who is determined to be basic skills deficient **must** set a minimum of one basic skill goal. Once a youth is registered, one goal per year is **required** for all in-school youth and any appropriately assessed out-of-school youth that need to attain basic skills, work readiness skills, or occupational skills. At least one goal must be set within one month of registration and/or no later than the date that the individual is enrolled into an activity. New goals may be set as initial goals are achieved.

One line of the goal form will be used for each specific goal, such as reading comprehension. One goal type may have several goals. For example, a Basic Skills goal type (01) might include reading comprehension (01), and writing (03). See the example below:

Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Date Attained
1	01	01	Course to increase reading comprehension by one grade level.	07/01/00	01	Increased reading comprehension by one grade level. ATTAINED	12/01/00
1	01	03	Class instruction that will improve minimal writing skills.	12/01/00	01	Improved writing skills. ATTAINED	05/01/01
1	02	08	Train to perform actual work related tasks.	05/01/01	02	Client dropped out of class. NOT ATTAINED	05/15/01
2	02	09	Familiarize client with tools equipment for job.	07/05/01	03	In progress.	09/30/01

Youth competencies established under JTPA may be converted into skill attainment goals, as they will count toward the youth skill attainment rate. Examples of how to convert youth competencies into skill attainment goals include the following:

- basic education skills under JTPA would be the equivalent of a basic skills goal under the skill attainment measure,
- pre-employment skills and work maturity skills under JTPA would be the equivalent of a work readiness skills goal under the skill attainment measure, and
- job-specific skills under JTPA would be the equivalent of an occupational skills goal under the skill attainment measure.

WORKFORCE INVESTMENT ACT GOALS

Subgrantee Name	
01	Case Number
Application Number	
02	Agency Code
Social Security Number	

First Name		Last Name		Middle																							
Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Date Attained																				
Staff Signature				03 Staff ID		Date																					
Primary Goal Code 01 Primary Goal 02 Not Primary Goal		Goal Type 1 Basic Skills 2 Occupational Skills 3 Work Readiness Skills			Result Code 1 Attained Goal 2 Set, Goal Not Attained 3 Set, Goal Attainment Pending																						
Goal Code <table> <tr> <td>01 Reading Comprehension</td> <td>06 Problem Solving, Reasoning, Decision Making</td> <td>11 Career Planning</td> <td>16 Technology</td> </tr> <tr> <td>02 Math Computation</td> <td>07 Perform Actual Tasks</td> <td>12 Job Search Techniques</td> <td>17 Allocates Resources</td> </tr> <tr> <td>03 Writing</td> <td>08 Familiarity With Procedures, Tools</td> <td>13 ESL/VESL</td> <td>18 Team Work</td> </tr> <tr> <td>04 Speaking</td> <td>09 World of Work Awareness</td> <td>14 Leadership</td> <td>19 Information Skills</td> </tr> <tr> <td>05 Listening</td> <td>10 Labor Market Knowledge</td> <td>15 Life Skills</td> <td>20 Interpersonal Skills</td> </tr> </table>								01 Reading Comprehension	06 Problem Solving, Reasoning, Decision Making	11 Career Planning	16 Technology	02 Math Computation	07 Perform Actual Tasks	12 Job Search Techniques	17 Allocates Resources	03 Writing	08 Familiarity With Procedures, Tools	13 ESL/VESL	18 Team Work	04 Speaking	09 World of Work Awareness	14 Leadership	19 Information Skills	05 Listening	10 Labor Market Knowledge	15 Life Skills	20 Interpersonal Skills
01 Reading Comprehension	06 Problem Solving, Reasoning, Decision Making	11 Career Planning	16 Technology																								
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05 Listening	10 Labor Market Knowledge	15 Life Skills	20 Interpersonal Skills																								

WIA EWIG (07/00)

Goals Form (WIA EWIG)

The following are line item instructions for the WIA Goals (EWIG) form. These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation system. For detailed instructions on the JTA system, please refer to the User Guide.

<i>Subgrantee Name</i>	Record the name of the subgrantee.
<i>01 Case Number</i>	Record the enrollment number from the WIA Enrollment/Registration form (EWIE).
<i>Application Number</i>	Record the application number as it appears on the Application form (EWIR).
<i>02 Agency Code</i>	Record the code that has been assigned by the LWIA to the service provider that completes the goal form.
<i>Social Security Number</i>	Record the client's SSN. Compare the SSN entered here to the SSN shown on the Application form to verify its accuracy.
<i>Last Name, First Name, Middle</i>	Record the client's name, last name first, and compare it with the application form to verify its accuracy.
<i>Primary Goal</i>	<p>Circle the appropriate number. The Department of Labor allows the maximum of three goals per year to be set for the purpose of the youth skill attainment performance measure. The LWIA determines these three goals to be measured for the participant by noting the goal as a primary goal, #01. If the LWIA notes no goals as primary for a participant, JTA will pick the first goal listed for that participant.</p> <p>01 Primary Goal</p> <p>This goal will be used in the performance calculations.</p> <p>02 Not Primary Goal</p> <p>This goal will not be used for performance.</p>

<p>Goal Type</p>	<p>A youth who is determined to be basic skills deficient must set a minimum of one basic skills goal. One goal per year is required for all in-school youth and any appropriately assessed out-of-school youth that need to attain basic skills, work readiness skills, or occupational skills. New goals may be set as initial goals are achieved. Once a goal is set, it can not be deleted. Circle the goal type in which the client is enrolled from the following:</p> <ol style="list-style-type: none"> 1 Basic Skills <p>Include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, decision making and the capacity to use these skills.</p> 2 Occupational Skills <p>Include the proficiency to perform actual tasks and technical functions required by certain occupational fields at entry, intermediate or advanced levels. Secondary occupational skills entail familiarity with and use of set-up procedures, safety measures, work-related terminology, record keeping and paperwork formats, tools, equipment, and materials, and breakdown and clean-up routines.</p> 3 Work Readiness Skills <p>Include world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision making, and job search techniques (resumes, interviews, applications, and follow-up letters). These skills also encompass survival/daily living skills such as using the phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation. Also, include positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and coworkers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job. This category also entails developing motivation and adaptability, obtaining effective coping and problem-solving skills, and acquiring an improved self-image.</p>
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<p>Goal Code</p>	<p>Record the goal code for the activity provided to the youth client from the list below.</p> <ul style="list-style-type: none"> 01 Reading Comprehension 02 Math Computation 03 Writing 04 Speaking 05 Listening 06 Problem Solving, Reasoning, Decision-making 07 Perform Actual Tasks 08 Familiarity with Procedures, Tools, Equipment 09 World of Work Awareness 10 Labor Market Knowledge 11 Career Planning 12 Job Search Techniques 13 ESL/VESL 14 Leadership 15 Life Skills 16 Technology (computer skills) 17 Allocates Resources 18 Teamwork 19 Information Skills 20 Interpersonal skills
<p>Goal Description (Optional)</p>	<p>Record the description of the goal noted above.</p>
<p>Date Set</p>	<p>Record the date the goal is identified for the youth (MM/DD/YYYY). At least one goal must be set within one month of registration and recorded as being set on the enrollment date from the WIA Enrollment/Registration form, EWIE. New goals may be set as initial goals are achieved. The target date for accomplishing each skill goal must be set for no later than one year from the begin date. Once the target date is set, the goal can not be deleted. The target date set can only be extended if the participant has a gap in service where they are placed in a hold status in which the participant is not receiving services but plans</p>

Exit Form (WIA EWIT)

The Workforce Investment Act (WIA) Exit form (EWIT) is used to record the exit of a client from the WIA program and to track post-program services. This form should only be used when a client has completed all services or when they are not expected to return. WIA performance measures require staff to focus on follow-up and post-program services in order to meet the levels set for the six-month retention and earnings gain performance measures.

The terms credential, certificate and diploma are used interchangeably throughout the WIA forms. Therefore, a definition of the term “credential” is provided here as it is defined by the Department of Labor in Training and Employment Guidance Letter (TEGL) 7-99.

Credential—nationally recognized degree or certificate or State/locally recognized credential. Credentials include, but are not limited to, a high school diploma, GED or other recognized equivalents, post-secondary degrees/certificates, recognized skill standards, and licensure or industry-recognized certificates. Include all State Education Agency recognized credentials. In addition, States should work with local Workforce Investment Boards to encourage certificates to recognize successful completion of the training services that are designed to equip individuals to enter or re-enter employment, retain employment, or advance into better employment. Credentials can be obtained while a person is still participating in services.

Subgrantee Name	
01	Application Number
02	Agency Code
Social Security Number	

WORKFORCE INVESTMENT ACT EXIT

Last Name		First Name		Middle
03 Exit Code	Exit Codes 01 Entered Employment 02 Called Back/Remained With Layoff Employer 03 Entered Advanced Training 04 Entered Postsecondary Education 05 Attained Recognized Certificate/Diploma/Degree 06 Planned Services Completed 07 Planned Services Not Completed 08 Lacks Transportation 09 Family Care 10 Health/Medical 11 Cannot Locate 12 Death 13 Institutionalized 14 Voluntary Other 15 Objective Assessment Only 16 Returned to Secondary Education (Youth Only)			
04 Exit Date	05 Degree Attained 1 Yes 2 No, credential intended 3 No, credential not intended 4 No, credential pending 9 No training services provided	06 Date Degree or Certificate Attained		07 Type of Degree Attained 1 High School Diploma 2 Equivalency/GED 3 AA or AS Diploma/Degree 4 BA or BS Diploma or Degree 5 Occupational Skills License 6 Occupational Skills Certificate or Credential 9 Other
08 Date Entered Postsecondary Education	09 Date Entered Advanced Training	10 Entered Military Service 1 Yes 2 No	11 Entered Qualified Apprenticeship 1 Yes 2 No	
12 Date Employed	13 Employer Number	14 Employer Name		
Employer Address		Employer City/State		Employer ZIP
15 Employer Contact		16 Contact Phone	17 Job Code/Job Title	18 Hours Per Week
19 Hourly Wage	20 Training Related Employment 1 Yes 2 No	21 Determination Method 1 Training to job 2 Industry to training 3 Other	22 Health Benefits 1 Yes 2 No	23 Non-Traditional Employment 1 Yes 2 No 9 Not Applicable
Exit Staff Signature		24 Exit Staff ID		Date

Post Exit Services

25 Service Code	26 Description	27 Begin Date	28 End Date

Post Program Service Code

- 01 Educational Achievement
- 02 Employment Services
- 03 Additional Youth Support
- 04 Citizen and Leadership

WIA EWIT (07/00)

EXIT Form (WIA EWIT)

The following are line item instructions for the WIA Exit form (EWIT). These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation system. For detailed instructions on the JTA system, please refer to the User Guide.

<i>Subgrantee Name (Optional)</i>	Record the name of the subgrantee.
<i>01 Application Number</i>	This is the pre-printed number on the application form (EWIR). Compare the number entered here with the number entered on the application form to validate that the correct application is used.
<i>02 Agency Code</i> <i>Social Security Number</i> <i>Last Name, First Name, Middle</i>	Record the code that has been assigned by the LWIA to the service provider that completes the termination form. Record the client's SSN. Compare the SSN entered here to the SSN shown on the application form to verify its accuracy. Record the client's name, last name first, and compare it with the application form to verify its accuracy.
<i>03 Exit Code</i>	Record the appropriate code from the list below: 01 Entered Employment The client entered full or part-time employment. This includes clients who enter the military and/or a qualified apprenticeship program. 02 Called Back/Remained with Layoff Employer The client was called back to or remained with the layoff employer. 03 Entered Advanced Training The client entered non-WIA-advanced training. 04 Entered Postsecondary Education The client entered an accredited degree-granting institution that leads to an academic degree (AA, AS, BA or BS).

<p>03 Exit Code (continued)</p>	<p>05 Attained Recognized Certificate/Diploma/Degree</p> <p>The client obtained a nationally recognized degree or certificate or a state/locally recognized credential.</p> <p>06 Planned Services Completed</p> <p>The individual's WIA service goals were completed, and the individual is no longer receiving services (excluding follow-up services).</p> <p>07 Planned Services Not Completed</p> <p>The individual's WIA service goals were not completed, and the individual is no longer receiving services (excluding follow-up services).</p> <p>08 Lacks Transportation</p> <p>The client is without a means of transportation.</p> <p>09 Family Care</p> <p>The client is responsible for the care of one or more family members, which precludes entry into employment or continued participation in WIA. This does not apply to youth.</p> <p>10 Health/Medical</p> <p>The client is receiving medical treatment, which precludes entry into employment, or continued participation in WIA other than temporary conditions expected to last less than 90 days.</p> <p>11 Cannot Locate</p> <p>The client cannot be located after utilizing the address, phone number, and additional contact information provided by the client to locate them.</p> <p>12 Death</p> <p>The client is deceased.</p> <p>13 Institutionalized</p> <p>The client resides in an institution or facility providing 24-hour support such as a hospital or a prison and is expected to remain in that institution for at least 90 days.</p> <p>14 Voluntary Other</p> <p>The client voluntarily left the WIA program for reasons other than listed above.</p>
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<p>Exit Code (continued)</p>	<p>15 Objective Assessment Only</p> <p>The client received only objective assessment services. After July 1, 2000, those clients terminated with objective assessment only will be counted in WI performance measure calculations.</p> <p>16 Returned to Secondary Education (Youth Only)</p> <p>The youth is enrolled in secondary school and is returning to school following their exit from the program. In-school youth that exit and return to secondary school following participation in summer employment opportunities are excluded from the younger youth diploma or equivalency rate and the younger youth retention rate performance measures. These youth are only included in the younger youth skill attainment rate performance measure. Out-of school youth are included in all three of the younger youth performance measures because, by definition, they would not be returning to school following summer employment opportunities.</p>
<p>04 Exit Date</p>	<p>Record the last date (MM/DD/YYYY) on which WIA Title I or partner services were received by the individual, excluding follow-up services. The exit date must be on or after the date of the last activity received prior to the client exiting from the program. There are two ways to determine exit:</p> <ul style="list-style-type: none"> A. A participant has a date of case closure, completion or known exit from WIA-funded or non-WIA funded partner services (hard exit); C. A participant does not receive any WIA-funded or non-WIA funded partner services for 90 days and is not scheduled for future services except follow-up services (soft exit). <p>A planned gap in service of greater than 90 days should not be considered an exit if the gap is due to a delay before the beginning of training or a health/medical condition that prevents an individual from participating in services. This should be identified as activity code #83, on the EWIE. Service providers should document any gap in service that occurs with a reason for the gap.</p>

05 Degree Attained	Circle the appropriate number. 1 Yes 2 No, credential intended 3 No, credential not intended 4 No, credential pending 9 No training services provided
06 Date Degree or Certificate Attained	Record the date the client received a degree or certificate (MM/DD/YYYY), if applicable.
07 Type of Degree Attained	Circle the appropriate number. 1 High School Diploma 2 Equivalency/GED 3 AA or AS Diploma/Degree 4 BA or BS Diploma or Degree 5 Occupational Skills License 6 Occupational Skills Certificate or Credential 9 Other
08 Date Entered Postsecondary Education	Record the date (MM/DD/YYYY) the participant entered into a postsecondary educational program.
09 Date Entered Advanced Training	Record the date (MM/DD/YYYY) the participant entered into an advanced training program. Advanced training is defined as an occupational skills employment/training program, not funded under Title I of the WIA, which does not duplicate training received under Title I. This includes only training outside of the one-stop, WIA and partner system. [Include entry into postsecondary educational programs that lead to an academic degree (e.g., AA, AS, BA, BS) in advanced training in the postsecondary education category.)
10 Entered Military Service	Circle the appropriate number. Military service is defined as reporting for active duty and is considered employment for the purpose of the youth retention rate performance measure. 1 Yes 2 No

11 Entered Qualified Apprenticeship	<p>Circle the appropriate number. Qualified apprenticeship is defined as a program approved and recorded by the ETA/Bureau of Apprenticeship and Training (BAT) or by a recognized State Apprenticeship Agency (State Apprenticeship Council). Approval is by certified registration or other appropriate written credential. Apprenticeship is considered employment for the purpose of the youth retention rate performance measure.</p> <p>1 Yes</p> <p>2 No</p>
12 Date Employed	<p>Record the date (MM/DD/YYYY) the participant entered employment.</p>
13 Employer Number	<p>Record the number assigned to the employer from the list provided by the LWIA MIS section.</p>
14 Employer Name Employer Address, City/State, Zip	<p>Record the business name of the employer for whom the participant is working.</p> <p>Record the business address of the employer for whom the participant is working.</p> <p>Employer City, State Record the city and state of the employer.</p> <p>Employer Zip Record the Zip code of the employer.</p>
15 Employer Contact	<p>Record the name of the contact person at the employer's place of business. Do not leave this item blank.</p>
16 Contact Phone	<p>Record the employer's contact telephone number including the area code. Do not leave this item blank.</p>
17 Job Code/Job Title	<p>Record the SOC/O*NET, OES, or DOT code that best describes the individual's type of employment as well as well as the title of the job.</p>
18 Hours Per Week	<p>Record the number of hours per week the participant is working.</p>
19 Hourly Wage	<p>Record the hourly wage at exit. If the individual is paid by commission or receives a salary, convert to the hourly wage by dividing the amount paid by the number of hours the individual is expected to work. The term "hourly wage" includes any bonuses, tips, gratuities, commissions, and overtime pay earned.</p>

25 Service Code	<p>Record the appropriate number for youth services #01-04. Use one line for each service.</p> <p>01 Educational Achievement</p> <p>Include, but are not limited to: Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies, and alternative secondary school service.</p> <p>02 Employment Services</p> <p>Include, but are not limited to: Paid and unpaid work experiences, including internships, and job shadowing; and occupational skill training.</p> <p>03 Additional Youth Support</p> <p>Include, but are not limited to: Providing mentoring, comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, primarily provided to assist a youth in achieving employment-related success.</p> <p>04 Citizen and Leadership</p> <p>Include, but are not limited to: Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours.</p>
26 Description	<p>Record the description of the service noted above.</p>
27 Begin Date	<p>Record the begin date for the post-program service above (MM/DD/YYYY).</p>
28 End Date	<p>Record the actual end date for the post-program service above (MM/DD/YYYY).</p>

Follow-Up Form (WIA EWIF)

The Workforce Investment Act (WIA) Follow-up Information form (EWIF) is used to record the follow-up of a WIA participant. The use of this form is MANDATORY in order to collect performance measurement information.

A follow-up is a check to determine a client's status after they have exited the WIA program. Individuals may be re-evaluated at 30 days after exit and at 60 days after exit and/or at the 1st, 2nd, 3rd or 4th quarter after the client leaves the program. A minimum follow-up period of 12 months is required for all youth that exit the WIA program. Follow-up services must be made available, for a minimum of 12 months following the first date of employment, to all registered participants who are placed into unsubsidized employment. Relocation assistance, internships, and work experience may be provided, based on an assessment or individual employment plan.

Follow-up may also be performed to determine the quality of any placement and/or the service providers' overall program, to monitor customer satisfaction and to obtain information on clients that may be used to measure performance outcomes.

The EWIF may be used to record information obtained on the same participant at the various follow-up intervals.

WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name	
01	Application Number
02	Agency Code
Social Security Number	

Last Name		First Name		Middle	
03 Follow-up Type (After Exit) 1 30 Day 4 2 nd Quarter 2 60 Day 5 3 rd Quarter 3 1st Quarter 6 4 th Quarter			04 Follow-up Date		05 Interview Date
06 Follow-up Result 1 Complete: All Questions 6 Respondent Refused Interview 2 Complete Interview: Missing Data 7 Language Problem Prevented Interview 3 Respondent Never Located 8 Unable Due to Illness/Disability 4 Located but Never Available 9 Case Ineligible 5 Informant Refused for Respondent 10 Died / Incapable After Exit					
07 Labor Force Status 1 Employed Full-Time 4 Not in Labor Force 2 Employed Part-Time 5 Status Unknown 3 Unemployed			08 Follow-up Staff ID		09 Satisfied with Services Provided by LWIA (1 – 10)
10 Date Degree or Certificate Attained		11 Type of Degree Attained 1 High School Diploma/Equivalency/GED 4 Occupational Skills License 2 AA or AS Diploma Degree 5 Occupational Skills Certificate or Credential 3 BA or BS Diploma or Degree 6 Other			
12 Date Entered Postsecondary Education			13 Date Entered Advanced Training		
14 Entered Military Service 1 Yes 2 No			15 Entered Qualified Apprenticeship 1 Yes 2 No		16 Weeks Employed
17 With Exit Employer 1 Yes 2 No			18 Actual Hours Worked		19 Date Employed
20 Employer Number			21 Employer Name		
22 Employer Address			23 Employer City, State, ZIP		
24 Contact			25 Phone		
26 Job Code			27 Hours Per Week		28 Hourly Wage

WIA EWIF (07/00)

Follow-Up Form (WIA EWIF)

The following are line item instructions for the Follow-Up form (EWIF). These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation system. For detailed instructions on the JTA system, please refer to the User Guide.

<i>Subgrantee Name (Optional)</i>	Record the name of the subgrantee.
<i>01 Application Number</i>	Record the application number as it appears on the Application form (EWIR).
<i>02 Agency Code (Optional)</i> <i>Social Security Number</i> <i>Last Name, First Name, Middle</i>	Record the code that has been assigned by the LWIA to the service provider that completes the follow-up form. Record the client's SSN. Compare the SSN entered here to the SSN on the application form to verify its accuracy. Record the client's name, last name first, and compare it with the application form to verify its accuracy.
<i>03 Follow-up Type (After Exit)</i>	Circle the appropriate number to indicate the type of follow-up: 1 30 Day 2 60 Day 3 1st Quarter 4 2nd Quarter 5 3rd Quarter 6 4th Quarter
<i>04 Follow-up Date</i>	Generated by the JTA system based on the follow-up type and the employment date.
<i>05 Interview Date</i>	Enter the date (MM/DD/YYYY) of the follow-up interview. This date must be on or before the Follow-up Date.

06 Follow-up Result	<p>Circle the appropriate number which most closely describes the result of the follow-up:</p> <p>01 Complete all Questions</p> <p>02 Complete Interview: Missing Data</p> <p>03 Respondent Never Located</p> <p>04 Located, but Never Available</p> <p>05 Informant Refused for Respondent</p> <p>06 Respondent Refused Interview</p> <p>07 Language Problem Prevented Interview</p> <p>08 Unable Due to Illness/Disability</p> <p>09 Case Ineligible</p> <p>10 Died/Incapable After Termination</p>
07 Labor Force Status	<p>Circle the appropriate number that describes the situation of the client at follow-up.</p> <p>1 Employed Full-Time</p> <p>2 Employed Part-Time</p> <p>3 Unemployed</p> <p>4 Not in Labor Force</p> <p>5 Status Unknown</p>
08 Follow-up Staff ID	<p>Enter the assigned staff ID number of the person responsible for completion of this form.</p>
09 Satisfied with Services Provided by LWIA (1-10)	<p>Record the appropriate number ranging from 1 – 10 noting the client's satisfaction with the LWIA services.</p> <p>1 Not Satisfied - 10 Very Satisfied</p>
10 Date Degree or Certificate Attained	<p>Enter the date (MM/DD/YYYY) the degree or certificate was attained by the participant.</p>
11 Type of Degree Attained	<p>Circle the appropriate number.</p> <p>01 High School Diploma/Equivalency/GED</p> <p>02 AA or AS Diploma/Degree</p> <p>03 BA or BS Diploma or Degree</p> <p>04 Occupational Skills License</p> <p>05 Occupational Skills Certificate or Credential</p> <p>06 Other</p>

12 Date Entered Postsecondary Education	Record the date (MM/DD/YYYY) the participant entered into a postsecondary educational program.
13 Date Entered Advanced Training	Record the date (MM/DD/YYYY) the participant entered into a non-WIA funded advanced training program.
14 Entered Military Service	Circle the appropriate number regarding whether the participant has entered military service. 1 Yes 2 No
15 Entered Qualified Apprenticeship	Circle the appropriate number regarding whether the participant entered a qualified apprenticeship. 1 Yes 2 No
16 Weeks Employed	Record the number of weeks the participant has been employed during the follow-up period.
17 With Term Employer	Circle the appropriate number. 1 Yes, the participant is employed with the same employer as reported at termination. 2 No
18 Actual Hours Worked	Record the actual number of total hours the participant worked for the employer during the follow-up period, including overtime.
19 Date Employed	Record the date (MM/DD/YYYY) the participant entered employment.
20 Employer Number	Record the number assigned to the employer from the list provided by the LWIA MIS section. This information may be taken from the WIA Exit form (EWIT) if the employer information has not changed.
21 Employer Name	Record the business name of the employer for whom the client is working. This information may be taken from the WIA Exit form (EWIT) if the employer information has not changed.
22 Employer Address	Enter the business address of the employer for whom the client is working.
23 Employer City, State, ZIP	Enter the city, state, and ZIP code of the employer for whom the client is working.

24 Contact	Enter the full name of the contact person to verify or discuss the employment. If the personnel office is given, provide the name of the person authorized to hire the client. This information may be used for any of the follow-ups and may be taken from the WIA Exit form (EWIT) if the employer information has not changed.
25 Phone	Enter the telephone number, including the area code, of the employer's contact person.
26 Job Code	Enter the appropriate Occupational Employment Statistics (OES) or Dictionary of Occupational Title (DOT) code for the client's job.
27 Hours Per Week	Enter the number of hours per week the client is working.
28 Hourly Wage	Enter the hourly wage the client is currently receiving. If the individual is paid by commission or receives a salary, convert to the hourly wage by dividing the amount paid by the number of hours the individual is expected to work. The term "hourly wage" includes any bonuses, tips, gratuities, commissions, and overtime pay earned.